

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18313

2589

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1001		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 43 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City					
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2				d. STREET ADDRESS (If rural, give location) 1715 East 24th Street					
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Silas		c. (Last) Walker		4. DATE OF DEATH (Month) (Day) (Year) 5 17 1953			
5. SEX Male 2		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /		8. DATE OF BIRTH Aug. 19, 1878			
9. AGE (In years last birthday) 74		if UNDER 1 YEAR 8 Days		if UNDER 12 HRS. 18					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger-RETIRED			10b. KIND OF BUSINESS OR INDUSTRY GEN. HOSP. #2			11. BIRTHPLACE (City and State or Foreign Country) Lexington, Missouri 0			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Walker		13b. MOTHER'S MAIDEN NAME Amanda (unknown)		14. NAME OF HUSBAND OR WIFE Mrs. Susie Walker			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-12-5362		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jas. T. Walker, 1715 E. 24th St.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with metastasis to urinary bladder, bones of skull and ribs. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and ribs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  177	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1-21-53, 19, to 5-17-53, 19, that I last saw the deceased alive on 5-17-53, 19, and that death occurred at 1:55 p. m., from the causes and on the date stated above.									
23a. SIGNATURE E. Frank Ellis				23b. ADDRESS (Degree or title) MD 600 East 22nd Street		23c. DATE SIGNED 5-19-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/20, 53		24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 5-20-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Vine West, Appleton & Jones, Inc., 1905/					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

**STATEMENT BY LICENSED EMBALMER**

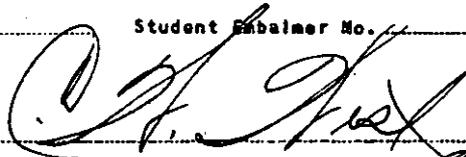
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....



Licensed Embalmer No. ....

2710

P. O. Address.....

Kansas City

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.